

FMCSA Motor Carrier

USDOT Number: **2318393**
Docket Number: **MC145402**
Legal Name: **CONTRACT TRANSPORT SERVICES, LLC**
DBA (Doing-Business-As) Name **CONTRACT TRANSPORT SERVICES**



Addresses		
Business Address:	1634 COFRIN DRIVE GREEN BAY, WI 54302	
Business Phone:	(920) 436-7910	Business Fax: Fax: (920) 437-4306
Mail Address:	PO BOX 8235 GREEN BAY, WI 54308	
Mail Phone:	(920) 436-7910	Mail Fax: Undeliverable Mail: NO

Authorities:			
Common Authority:	ACTIVE	Application Pending:	NO
Contract Authority:	ACTIVE	Application Pending:	NO
Broker Authority:	INACTIVE	Application Pending:	NO
Property:	YES	Passenger:	NO
Private:	NO	Enterprise:	NO
		Household Goods:	NO

Insurance Requirements:			
BIPD Exempt:	NO	BIPD Waiver:	NO
Cargo Exempt:	NO	BIPD Required:	\$750,000
BOC-3:	YES	Cargo Required:	NO
Blanket Company:	BOND Required:		YES
	BOND on File:		NO
	NATIONAL RESIDENT AGENT SERVICE, INC.		

Comments: **7-24-12- TRANSFER FILED. CONSUMMATION DUE 7-31-12. TL ;MC-145402 SUB 13, REENTITLED UNDER MC-169351 SUB 1 DECISION SERVED 6/11/84. NAME CHANGED FROM LAKE LINE EXPRESS, INC., PENDING DECISION MC145402 RECLASSIFIED FROM ACCOUNTING CLASS 3 TO 2 08/29/94**

Active/Pending Insurance:			
Form:	91X	Type:	BIPD/Primary
Policy/Surety Number:	161701 9282302 SN	Posted Date:	08/25/2017
Effective Date:	09/01/2017	Cancellation Date:	
Insurance Carrier:	PENNSYLVANIA MANUF. ASSOC. INS.		
Attn:	ANGIE MARRARA, COMMERCIAL AUTO UNDERWRITING		
Address:	380 SENTURY PARKWAY., P.O. BOX 3031 BLUE BELL, PA 19422 US		
Telephone:	(610) 397 - 5000	Fax:	

Rejected Insurances:			
Form:	Type:	Coverage From:	\$0
Policy/Surety Number:		To:	\$0
Received:		Rejected:	
Rejected Reason:			

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Insurance History:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA 0221007	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/01/1994	To: 12/01/1996	Disposition: Replaced	

Insurance Carrier: ST. PAUL PROTECTIVE INSURANCE COMPANY
Attn: PLEASE CONTACT YOUR LOCAL AGENT
Address: ONE TOWER SQUARE, CL PMU-AUTO-6GS
HARTFORD, CT 06183 US
Telephone: Fax:

Form: 91	Type: BIPD		
Policy/Surety Number: 133 617611-7	Coverage From	\$0	To: \$750,000
Effective Date From: 12/01/1996	To: 12/01/1997	Disposition: Replaced	

Insurance Carrier: NORTH RIVER INSURANCE CO.
Attn: TO REPORT A CLAIM CALL 888-890-1500
Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US
Telephone: (973) 490 - 6000 Fax:

Form: 91	Type: BIPD		
Policy/Surety Number: 503 139977-1	Coverage From	\$0	To: \$750,000
Effective Date From: 12/01/1996	To: 12/01/1996	Disposition: Replaced	

Insurance Carrier: NORTH RIVER INSURANCE CO.
Attn: TO REPORT A CLAIM CALL 888-890-1500
Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US
Telephone: (973) 490 - 6000 Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CLP80082A	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/01/1997	To: 01/03/2001	Disposition: Cancelled	

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

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Insurance History:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CLP80082A	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/01/1997	To: 12/01/2000	Disposition: Replaced	

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA-K08566	Coverage From	\$0	To: \$1,000,000
Effective Date From: 12/01/2000	To: 04/01/2009	Disposition: Cancelled	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTP	Coverage From	\$0	To: \$750,000
Effective Date From: 04/01/2009	To: 11/15/2009	Disposition: Cancelled	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTP	Coverage From	\$0	To: \$750,000
Effective Date From: 04/01/2009	To: 10/16/2009	Disposition: Replaced	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

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Insurance History:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTP 0677294	Coverage From	\$0	To: \$750,000
Effective Date From: 10/16/2009	To: 04/28/2012	Disposition: Cancelled	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CTP 0677294	Coverage From	\$0	To: \$750,000
Effective Date From: 10/16/2009	To: 04/01/2012	Disposition: Replaced	

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA-X38418	Coverage From	\$0	To: \$750,000
Effective Date From: 04/01/2012	To: 09/07/2012	Disposition: Transferred	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CA-X38418	Coverage From	\$0	To: \$750,000
Effective Date From: 08/09/2012	To: 04/01/2016	Disposition: Replaced	

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

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Insurance History:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: A0054067001	Coverage From	\$0	To: \$750,000
Effective Date From: 04/01/2016	To: 09/01/2017	Disposition: Replaced	

Insurance Carrier: SENTRY INSURANCE A MUTUAL COMPANY
Attn: EARL LAIS
Address: 1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481 US
Telephone: (800) 295 - 6919 Fax: (715) 346 - 6044

Form: 34	Type: CARGO		
Policy/Surety Number: 011 006 64 90	Coverage From	\$0	To: \$5,000 *
Effective Date From: 12/01/1994	To: 01/11/1997	Disposition: Cancelled	

Insurance Carrier: WEST BEND MUTUAL INSURANCE CO.
Attn: DEBRA K. WILLIAMS
Address: 1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095 US
Telephone: (262) 338 - 5010 Fax: (262) 334 - 9109

Form: 34	Type: CARGO		
Policy/Surety Number: 011 006 64 90	Coverage From	\$0	To: \$5,000 *
Effective Date From: 12/01/1994	To: 12/01/1996	Disposition: Replaced	

Insurance Carrier: WEST BEND MUTUAL INSURANCE CO.
Attn: DEBRA K. WILLIAMS
Address: 1900 SOUTH 18TH AVENUE
WEST BEND, WI 53095 US
Telephone: (262) 338 - 5010 Fax: (262) 334 - 9109

Form: 34	Type: CARGO		
Policy/Surety Number: 503-139977-1	Coverage From	\$0	To: \$5,000 *
Effective Date From: 12/01/1996	To: 12/01/1997	Disposition: Replaced	

Insurance Carrier: NORTH RIVER INSURANCE CO.
Attn: TO REPORT A CLAIM CALL 888-890-1500
Address: 305 MADISON AVE. P.O. BOX 1973
MORRISTOWN, NJ 07960 US
Telephone: (973) 490 - 6000 Fax:

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Form: 34	Type: CARGO			
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 12/01/1997	To: 01/03/2001	Disposition: Cancelled		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: CLP80082A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 12/01/1997	To: 12/01/2000	Disposition: Replaced		

Insurance Carrier: GREAT WEST CASUALTY CO.
Attn: OPERATOR
Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US
Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: IM-K08566	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 12/01/2000	To: 04/01/2009	Disposition: Cancelled		

Insurance Carrier: ACUITY, A MUTUAL INSURANCE COMPANY
Attn: ED WARREN, VP CL UNDERWRITING
Address: 2800 SOUTH TAYLOR DR.
SHEBOYGAN, WI 53081 US
Telephone: (800) 242 - 7666 Fax: (920) 458 - 1618

Form: 34	Type: CARGO			
Policy/Surety Number: CCI 0677296	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 04/01/2009	To: 04/27/2012	Disposition: Cancelled		

Insurance Carrier: GENERAL CASUALTY COMPANY OF WISCONSIN
Attn: CONNIE CONINE
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596 US
Telephone: (317) 722 - 3881 Fax: (608) 825 - 5100

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Insurance History:

Form: 84	Type: SURETY
Policy/Surety Number: 46013011786840	Coverage From: \$0 To: \$10,000 *
Effective Date From: 12/07/1985	To: 11/14/1988 Disposition: Cancelled

Insurance Carrier: **UNITED STATES FIDELITY & GUARANTY CO.**

Attn: **PLEASE CONTACT YOUR LOCAL AGENT**

Address: **ONE TOWER SQUARE, -5GS
HARTFORD, CT 06183 US**

Telephone: Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY COMMON CARRIER	GRANTED	09/17/2012
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	09/17/2012
17	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	11/14/1991 TRANSFER CONSUMMATED 09/11/2012
12	MOTOR PROPERTY COMMON CARRIER	GRANTED	08/06/1981 TRANSFER CONSUMMATED 09/11/2012
2	MOTOR PROPERTY COMMON CARRIER	GRANTED	07/24/1981 TRANSFER CONSUMMATED 09/11/2012
6	MOTOR PROPERTY COMMON CARRIER	GRANTED	03/10/1981 TRANSFER CONSUMMATED 09/11/2012
10	MOTOR PROPERTY COMMON CARRIER	GRANTED	02/25/1981 TRANSFER CONSUMMATED 09/11/2012
9	MOTOR PROPERTY COMMON CARRIER	GRANTED	12/01/1980 TRANSFER CONSUMMATED 09/11/2012
8	MOTOR PROPERTY COMMON CARRIER	GRANTED	11/12/1980 TRANSFER CONSUMMATED 09/11/2012

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Sub No.	Authority Type	Original Action		Disposition Action
14	PROPERTY BROKER	GRANTED	03/26/1985	REVOKED 12/22/1988
13	MOTOR PROPERTY CONTRACT CARRIER	GRANTED		RENUMBERED 05/18/1984

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason
BROKER		12/22/1988	VOLUNTARY REVOCATION